

Deregistration Official Authorization for CIT Accounts

Instructions: Please type or print. This form is used to establish or change the designation of the Deregistration Officials within an IC, organization or for particular CIT accounts.

Mail or fax completed form to: Customer Accounts, CIT, NIH, Bg 12A, Rm. 1011, 12 South Drive, MSC 5605, Bethesda, MD 20892

FAX No.: 301-496-1212

For additional assistance, call Customer Accounts on 301-594-6248 and select option # 3

Part 1 – Current Deregistration Official

Name of *Current* Deregistration Official (DO)

IC/Agency

Address

E-mail Address

Preferred Initials (assigned by CIT)

Current Alternate Deregistration Official

Name of *Current* Alternate Deregistration Official (DO)

IC/Agency

Address

E-mail Address

Preferred Initials (assigned by CIT)

Part 2 – New Deregistration Official

Name of *New* Deregistration Official (DO)

IC/Agency

Address

E-mail Address

Preferred Initials (assigned by CIT)

New Alternate Deregistration Official

Name of *New* Alternate Deregistration Official (DO)

IC/Agency

Address

E-mail Address

Preferred Initials (assigned by CIT)

Part 3 – Accounts to be managed by the DO. Use the 4-digit identifier.

Part 4 – Account to be Charged for Deregistration Process

Account Number

Account Sponsor or Alternate Sponsor Signature

Date

PART5 – Authorization to designate current or new Deregistration Official or Alternate DO

Executive Officer's Signature

Date